

57066

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000594

PRODUCER OF WASTE (Must be filled by producer)

Name Alcoa □ □ □ □ □

(PRINT OR TYPE) CODE NO

Pick up Address: 5151 Alcoa Vernon

(NUMBER) (STREET) (CITY)

Telephone Number: () P.O. or Contract No.:

Order Placed By: Date: 1-11-78

Type of Process Alum. Fmldy □ □ □ □ □

which Produced Wastes: CODE NO

(Examples: metal plating, equipment cleaning, oil drilling - wastewater treatment, pickling bath, petroleum refining)

HAULER OF WASTE (Must be filled by hauler)

999000594

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

Pick Up: 1-11-78 Time: 15 ☐ am ☐ pm
(DATE)

State Liquid Waste Hauler's Registration No. (if applicable): _____

Job No.: _____ No. of Loads or Trips: _____ Unit No. 5

Vehicle: ☒ vacuum truck 100 barrels, ☐ flatbed, ☐ other _____
(SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. <input type="checkbox"/> Acid solution	6. <input type="checkbox"/> Tetraethyl lead sludge	11. <input type="checkbox"/> Contaminated soil and sand
2. <input type="checkbox"/> Alkaline solution	7. <input type="checkbox"/> Chemical toilet wastes	12. <input type="checkbox"/> Cannery waste
3. <input type="checkbox"/> Pesticides	8. <input type="checkbox"/> Tank bottom sediment	13. <input type="checkbox"/> Latex waste
4. <input type="checkbox"/> Paint sludge	9. <input type="checkbox"/> Oil	14. <input checked="" type="checkbox"/> Mud and water
5. <input type="checkbox"/> Solvent	10. <input type="checkbox"/> Drilling mud	15. <input type="checkbox"/> Brine

☐ Other (Specify) _____

Components:
(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	%	ppm
1. _____	_____	_____	<input type="text"/>	<input type="text"/>
2. _____	_____	_____	<input type="text"/>	<input type="text"/>
3. _____	_____	_____	<input type="text"/>	<input type="text"/>
4. _____	_____	_____	<input type="text"/>	<input type="text"/>
5. _____	_____	_____	<input type="text"/>	<input type="text"/>
6. _____	_____	_____	<input type="text"/>	<input type="text"/>

DISPOSER OF WASTE (Must be filled in by the generator) OPERATING INDUSTRIES, INC. 2425 So. Garfield Ave. Monterey Park, Calif. 91754		<table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> CODE NO.			
Name (print or type): _____					
Site Address: _____					
The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.					
Quantity measured at site (if applicable): _____ State fee (if any): _____					
Handling Method(s):					
<input type="checkbox"/> recovery					
<input type="checkbox"/> treatment (specify): _____					
(EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION)					
<input type="checkbox"/> disposal (specify): <input type="checkbox"/> pond <input type="checkbox"/> spreading <input type="checkbox"/> landfill <input type="checkbox"/> injection well					
<input type="checkbox"/> other (specify): _____					
If waste is held for disposal elsewhere specify final location: _____					
Disposal Date: <u>1-11-78</u>					
I certify (or declare) under penalty of perjury that the foregoing is true and correct.					
 SIGNATURE OF AUTHORIZED AGENT AND TITLE					
The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.					

Hazardous Properties of Waste:

pH 8 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other _____ (SPECIFY)

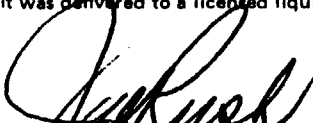
Containers: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other _____ (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other _____ (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.


SIGNATURE OF AUTHORIZED AGENT AND TITLE

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

BILLING COPY